

Rules and Regulations Filing Form

1. Agency Name and Address Executive Office of Health and Human Services

Pastore Complex, Louis Pasteur Building

2. Title of Rule

Title

Medicaid Code of Administrative Rules, Section #1309, "RIte Care Program"

3. Statutory Source of Authority

Chapters 40-6 and 40-8 of the Rhode Island General Laws, as amended; Title XIX of the Social Security Act

4. Concise Explanatory Statement - §42-35-2.3

The Secretary of the Executive Office of Health & Human Services (EOHHS) amended the Medicaid Code of Administrative Rules (Regulations) Section 1309, RIte Care Program in order to incorporate home stabilization program provisions. This rule was previously filed as an emergency, effective March 30, 2016. Under the implementing federal statute, Housing and Urban Development Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009, states may offer Medicaid coverage to individuals who are in need of tenancy support services in order to facilitate independence, reduce homelessness, and improve health. These benefits are targeted to persons whose current housing situation is jeopardized, who may be in unsafe living conditions, and may be at risk for homelessness.

5. Type of Filing				
		Emergency Rules		
A1. Emergency 120-day initial - §42-35-3(b) Adoption Amendment of ERLID: Repeal of ERLID: Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):		Adoption Amendment Indicate ERLID of 120-da		
		Final Rules		
☑ B1. Amendment	B2. Adoption	B3. Repeal	C. Technical Revision	
Supersedes ERLID: 7806	Expires ERLID: 8328			
If B1 or C, please indicate new Sections 1309.06; 1309.10; 130	amended, deleted, or revised section 19.12	ns:		
6. Notice and Hearing Information Date of Public Notice - \$42-35-3 Date of Public Hearing - \$42-35 End of Comment Period:06/20/27. Agency Additional Information http://www.eohhs.ri.gov	8(a)(1):05/18/2016 -3(a)(2):Hearing Not Required 2016			
8. Certification I hereby certify that the attached copies of this Department, attest	· ·	in accordance with the Administrati	ive Procedures Act (42-35) and that they are true	
Name	Nota	ry Public		
	Subs	cribed and sworn before me		

_ day of ___